

119TH CONGRESS
2D SESSION

H. R. 9446

To direct the Secretary of Veterans Affairs to report biennially on staffing of medical facilities of the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

JUNE 24, 2026

Mr. TAKANO introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to report biennially on staffing of medical facilities of the Department of Veterans Affairs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “VA Health Care Ca-
5 pacity Assessment Act”.

6 **SEC. 2. BIENNIAL REPORT ON STAFFING OF MEDICAL FA-**
7 **CILITIES OF THE DEPARTMENT OF VET-**
8 **ERANS AFFAIRS.**

9 (a) REPORT REQUIRED.—Not later than 180 days
10 after the date of the enactment of this Act, and not later

1 than December 31 of each even-numbered year thereafter,
2 the Secretary of Veterans Affairs shall submit to the Com-
3 mittees on Veterans' Affairs of the Senate and House of
4 Representatives a report assessing the staffing of each
5 medical facility of the Department.

6 (b) ELEMENTS.—Each report submitted under sub-
7 section (a) shall include the following elements:

8 (1) The results of a system-wide assessment of
9 all medical facilities of the Department to ensure the
10 following:

11 (A) Appropriate staffing levels for health
12 care professionals to meet the goals of the Sec-
13 retary for timely access to care for veterans.

14 (B) Appropriate staffing levels for support
15 personnel, including clerks.

16 (C) Appropriate sizes for clinical panels.

17 (D) Appropriate numbers of full-time staff,
18 or full-time equivalents, dedicated to direct care
19 of patients.

20 (E) Appropriate physical plant space to
21 meet the capacity needs of the Department in
22 the area.

23 (F) Such other factors that the Secretary
24 determines necessary.

1 (2) A plan for addressing any issues identified
2 in the assessment under paragraph (1), including a
3 timeline for addressing such issues.

4 (3) A list of the current wait times and work-
5 load levels for the following clinics in each medical
6 facility:

7 (A) Mental health.

8 (B) Primary care.

9 (C) Gastroenterology.

10 (D) Women's health.

11 (E) Such other clinics that the Secretary
12 determines appropriate.

13 (4) A description of—

14 (A) the results of the most current deter-
15 mination of the Inspector General under sub-
16 section (a) of section 7412 of title 38, United
17 States Code; and

18 (B) a plan to use direct appointment au-
19 thority under subsection (b) of such section to
20 fill staffing shortages, including recommenda-
21 tions for improving the speed at which the
22 credentialing and privileging process can be
23 conducted.

1 (5) The current staffing models of the Depart-
2 ment for the following clinics, including rec-
3 ommendations for changes to such models:

4 (A) Mental health.

5 (B) Primary care.

6 (C) Gastroenterology.

7 (D) Women's health.

8 (E) Such other clinics that the Secretary
9 determines appropriate.

10 (6) A detailed analysis of succession planning
11 at medical facilities of the Department, including the
12 following:

13 (A) The number of positions in medical fa-
14 cilities throughout the Department that are not
15 filled by a permanent employee.

16 (B) The length of time each position de-
17 scribed in subparagraph (A) remained vacant or
18 filled by a temporary or acting employee.

19 (C) A description of any barriers to filling
20 the positions described in subparagraph (A).

21 (D) A plan for filling any positions that
22 are vacant or filled by a temporary or acting
23 employee for more than 180 days.

1 (E) A plan for handling emergency cir-
2 cumstances, such as administrative leave or
3 sudden medical leave for senior officials.

4 (7) The number of health care providers of the
5 Department who have been removed from their posi-
6 tions, have retired, or have left their positions for
7 another reason, disaggregated by provider type, dur-
8 ing the two-year period preceding the submission of
9 the report.

10 (8) Of the health care providers specified in
11 paragraph (7) who have been removed from their po-
12 sitions, the following:

13 (A) The number of such health care pro-
14 viders who were reassigned to other positions in
15 the Department.

16 (B) The number of such health care pro-
17 viders who left the Department.

18 (C) The number of such health care pro-
19 viders who left the Department and whom the
20 Secretary subsequently rehired.

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